

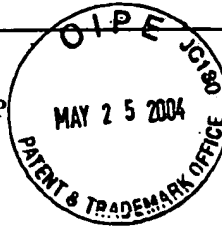
FEE(S) TRANSMITTAL

Express Mail No. EV 370 630 465 US

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MORGAN, LEWIS & BOCKIUS LLP
3300 Hillview Avenue
Palo Alto, California 94304



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
09/777,917	02/05/2001	Lewis B. Aronson	9775-0052-999	6191

TITLE OF INVENTION INTEGRATED MEMORY MAPPED CONTROLLER CIRCUIT FOR FIBER OPTICS TRANSCEIVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1,330.00	\$300.00	\$1,630.00	08/04/2004

EXAMINER	ART UNIT	CLASS-SUB CLASS
LEUNG, CHRISTINA Y	2633	398-137000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. Morgan, Lewis & Bockius LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:
FINISAR CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advanced Order - # of Copies 3

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) enclosed
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☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0310 (order no. 60900-0052) (enclose an extra copy of this form).

COMMISSIONER FOR PATENTS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

May 25, 2004

Attorney Gary S. Williams Reg No. 31,066

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